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<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs)  
Participating in the Virginia Medical Assistance Program

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 6/7/2013

**SUBJECT:** Virginia Medicaid Preferred Drug List (PDL) Program Changes, Drug Utilization Review (DUR) Board Approved Drug Service Authorization (SA) Requirements – *Effective July 1, 2013*; ProDUR Message Enhancements and DMAS' Policy on Automatic Fill or Shipment of Prescriptions

The purpose of this memorandum is to inform providers about changes to Virginia Medicaid's fee-for-service Preferred Drug List (PDL) Program and new drug service authorization (SA) requirements approved by DMAS' DUR Board that will be effective on July 1, 2013. Also included is DMAS' policy on the automatic fill or shipment of prescriptions and information regarding ProDUR enhancements.

## **Preferred Drug List (PDL) Updates – Effective July 1, 2013**

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid fee-for-service program allows payment without requiring service authorization (SA). *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* In the designated classes, drug products classified as non-preferred will be subject to SA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL is effective for the Medicaid, FAMIS, and FAMIS Plus fee-for-service populations. The Virginia Medicaid's PDL **does not** apply to recipients enrolled in a Managed Care Organization.

The DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase II drug classes on April 18, 2013 and approved the following **changes** to Virginia Medicaid's PDL:

Drug Class	Preferred	Non-Preferred (requires SA)
Acne Agents, Topical		Benzoyl peroxide cleanser, benzoyl peroxide microspheres cleanser, clindamycin phosphate foam/lotion/medicated swabs

<b>Drug Class</b>	<b>Preferred</b>	<b>Non-Preferred (requires SA)</b>
Analgesics/Short Acting		codeine solution, dihydrocodeine/APAP/codeine, fentanyl lozenge, oxycodone/ASA (brand & generic), oxycodone/ibuprofen, tramadol/APAP, Zydane <sup>®</sup>
Androgenic Agents		Androderm <sup>®</sup>
Anticoagulants (injectable)		Arixtra <sup>®</sup> , Fragmin <sup>®</sup> vials (only)
Anticoagulants (oral)		Eliquis <sup>®</sup>
Antifungals (oral)		clotrimazole (mucous mem), Grifulvin V <sup>®</sup>
Antipsoriatics (topical)		calcipotriene cream/ointment, Calcitrene
Antivirals, Oral (influenza)	amantadine <b>tablet</b>	amantadine <b>capsules</b>
Cephalosporins 2 <sup>nd</sup> Generation		cefaclor <b>suspension</b>
COPD: Bronchodilators	Combivent <sup>®</sup> Respimat	
Hypoglycemics - Biguanide combinations		glipizide/metformin
Hypoglycemics - DPP-IV inhibitors and combinations		Kombiglyze XR <sup>™</sup> , Onglyza <sup>™</sup>
Hypoglycemics - Insulins		Humalog <sup>®</sup> Mix 50/50 Kwikpen, Humalog <sup>®</sup> Mix 75/25 Kwikpen, Humulin <sup>®</sup> 70/30 pen, Humulin <sup>®</sup> N pen, Humalog <sup>®</sup> cartridge/Kwikpen
Hypoglycemics - Thiazolidinediones		piaglitazone/metformin
Ophthalmics – Anti-inflammatory Agents		Ilevro <sup>®</sup>
Platelet Inhibitors		Aggrenox <sup>®</sup>
Rheumatoid Arthritis – Self Administered		Xeljanz <sup>®</sup>
Skeletal Muscle Relaxants		carisoprodol, carisoprodol/ASA, carisoprodol/ASA/codeine
Smoking Cessation		Nicotrol <sup>®</sup> Inhaler, Nicotrol <sup>®</sup> Nasal Spray

The following drugs have clinical edits: Long Acting Beta Agonists and Eliquis<sup>®</sup>. Please refer to the Preferred Drug List for the complete clinical edit criteria for each drug. This list can be accessed at [www.virginiamedicaidpharmacyservices.com/](http://www.virginiamedicaidpharmacyservices.com/).

Virginia's PDL can be found at [http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm) or <https://www.virginiamedicaidpharmacyservices.com/>. In addition a faxed copy of the PDL can be obtained by contacting the Magellan Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to [pdlinput@dmas.virginia.gov](mailto:pdlinput@dmas.virginia.gov).

### **PDL Service Authorization (SA) Process**

A message indicating that a drug requires a SA will be displayed at the point of sale (POS) when a prescription for a non-preferred drug is entered at point-of-sale (POS). Pharmacists should contact the member's prescribing provider to request that they initiate the SA process. Prescribers can initiate SA requests by letter, faxing to 1-800-932-6651, contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week), or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration  
ATTN: MAP Department/ VA Medicaid  
4300 Cox Road  
Glen Allen, Virginia 23060

Service authorizations forms are available online at [www.virginiamedicaidpharmacyservices.com](http://www.virginiamedicaidpharmacyservices.com). The PDL criteria for SA purposes are also available on the same website.

### **PDL 72-Hour-Supply Processing Policy and Dispensing Fee Process**

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the prescriber is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment, consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to Magellan Medicaid Administration at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply. The member will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

### **Mobile Device Download for PDL**

There are two ways to download the PDL to mobile devices. There is a link on the DMAS website ([http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm)) which enables providers to download the PDL to their mobile device. This page will have complete directions for the download and HotSync operations.

ePocrates<sup>®</sup> users may also access Virginia Medicaid's PDL through the ePocrates<sup>®</sup> formulary link at [www.epocrates.com](http://www.epocrates.com). ePocrates<sup>®</sup> is a leading drug information software application for handheld computers (PDAs) and desktop computers. For more information and product registration, please visit the ePocrates<sup>®</sup> website at [www.epocrates.com](http://www.epocrates.com). To download the Virginia Medicaid PDL via the ePocrates<sup>®</sup> website to your mobile device, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx<sup>®</sup> installed on your mobile device.
2. Connect to the Internet and go to [www.epocrates.com](http://www.epocrates.com).
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.
5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."
8. Auto Update your mobile device to install the "Virginia Medicaid-PDL" to your mobile device.

### **DMAS Drug Utilization Review Board Activities**

The DMAS Drug Utilization Review Board (DUR Board) met on November 15, 2012, March 21 and May 16, 2013 and approved service authorization (SA) criteria for the following drugs based on FDA approved labeling effective July 1, 2013:

- Fulyzaq<sup>TM</sup> (crofelemer)
- Iclusig<sup>TM</sup> (ponatinid)
- Linzess<sup>TM</sup> (linaclotide)
- Ravicti<sup>TM</sup> (glycerol phenylbutyrate)
- Signifor<sup>®</sup> (pasireotide)

The process for initiating a SA request is described above in the section titled “PDL Service Authorization (SA) Process.”

### **Prospective Drug Utilization (ProDUR) Message Changes**

In the fall of 2013, DMAS will return all NCPDP allowable ProDUR messages on pharmacy claims submitted at point-of-sale (POS). If a claim has more than eight (8) ProDUR messages, the pharmacist will receive a NCPDP response with the conflict code ‘CH’ and the message to “CALL THE HELPDESK - 800-774-8481.” Questions related to the integration of this change with pharmacy providers’ claims processing software should be directed to [ProDURhelp@dmass.virginia.gov](mailto:ProDURhelp@dmass.virginia.gov). Additional information about DMAS’ ProDUR program can be found in the Pharmacy Manual, Chapter IV at [www.virginiamedicaid.dmass.virginia.gov/wps/portal/ProviderManual](http://www.virginiamedicaid.dmass.virginia.gov/wps/portal/ProviderManual).

### **Automatic Refills and Shipments**

Automatic refills and automatic shipments are not allowed. Medicaid does not pay for any prescription (original or refill) based on a provider’s auto-refill policy. Medicaid does not pay for any prescription without an explicit request from a member or the member’s responsible party, such as a caregiver, for each refilling event. The pharmacy provider shall not contact the member in an effort to initiate a refill unless it is part of a good faith clinical effort to assess the member’s medication regimen. The possession, by a provider, of a prescription with remaining refills authorized does not in itself constitute a request to refill the prescription. Members or providers cannot waive the explicit refill request and enroll in an electronic automatic refill program. Any prescriptions filled without a request from a member or their responsible party may be subject to recovery. Any pharmacy provider with a policy that includes filling prescriptions on a regular date or any type of cyclical procedure may be subject to audit and claim recovery.

<b>Useful Telephone Numbers For Medicaid Participating Pharmacies</b>	<b>Telephone Number(s)</b>	<b>Information Provided</b>
Pharmacy Call Center	1-800-774-8481	Pharmacy claims processing questions, including transmission errors, claims reversals, etc., the generic drug program, problems associated with generic drugs priced as brand drugs, obsolete date issues, determination if drug is eligible for Federal rebate
Preferred Drug List (PDL) & Service Authorization Call Center	1-800-932-6648	Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to prospective DUR edits
Maximum Allowable Cost (MAC) and Specialty Maximum Allowable Cost (SMAC) Call Center	1-866-312-8467	Billing disputes and general information regarding multi-source drugs subject to the MAC program, and billing disputes and general information related specialty drugs subject to the SMAC Program

Provider Helpline	1-800-552-8627 In state long distance 1-804-786-6273	All other questions concerning general Medicaid policies and procedures
MediCall	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for Verifying Medicaid Eligibility
Medicaid Managed Care Organization (MCO) Information	Amerigroup* 1-800-600-4441 Anthem 1800-901-0020 CareNet 1-800-279-1878 Majesticare 1-866-996-9140 Optima 1-800-881-2166 VA Premier 1-800-828-7989	Questions relating to Medicaid Recipients enrolled in Medicaid Managed Care Plans <b>*Effective 7/1/13 Amerigroup's name will change to INTotal Health and new phone number will be 1-855-323-5588</b>

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal at <http://dmas.kepro.com>.

### **ELIGIBILITY VENDORS**

DMAS has contracts with the following eligibility verification vendors offering Internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. <a href="http://www.passporthealth.com">www.passporthealth.com</a> <a href="mailto:sales@passporthealth.com">sales@passporthealth.com</a> (888) 661-5657	Siemens Healthcare (HDX Division) <a href="http://www.hdx.com">www.hdx.com</a> (610) 219-1600	Emdeon <a href="http://www.emdeon.com">www.emdeon.com</a> (877) 363-3666	Availity, LLC <a href="http://www.availity.com">www.availity.com</a> <a href="mailto:support@availity.com">support@availity.com</a> (800) 282-4548	Dorado Systems, LLC <a href="http://www.Doradosystems.com">www.Doradosystems.com</a> <a href="mailto:sales@doradosystems.com">sales@doradosystems.com</a> (856) 354-0048
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### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.